

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application No.	08/846,421
Filing Date	4/30/1997
Patent/Registration No.	5993928
Grant Date	11/30/1999
Inventor/Owner	Popat
Attorney Docket No.	A019-P08256US

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☒ the attorneys/agents associated with Customer Number: 33356

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

- ☐ 10.40(b)(1)    ☐ 10.40(b)(2)    ☐ 10.40(b)(3)    ☒ 10.40(b)(4): The practitioner is discharged by the client.  
☐ 10.40(c)(1)(i)    ☐ 10.40(c)(1)(ii)    ☐ 10.40(c)(1)(iii)    ☐ 10.40(c)(1)(iv)  
☐ 10.40(c)(1)(v)    ☐ 10.40(c)(1)(vi)    ☐ 10.40(c)(2)    ☐ 10.40(c)(3)  
☐ 10.40(c)(4)    ☐ 10.40(c)(5)    ☐ 10.40(c)(6)

**Certifications**

*Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.*

1. ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.  
2. ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.  
3. ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.  
2. ☒ Change the correspondence and address and direct all future correspondence to:  
☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm/Individual Name	Douglas N. Larson				
Address	24772 Saddle Peak Road				
City	Malibu	State	CA	Zip	90265-3042
Country	US				
Telephone	310-317-4466	Email			

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature	/Steven C. Sereboff/		
Name	Steven C. Sereboff	Registration No.	37035
Date	January 28, 2009	Telephone No.	805-230-1350

NOTE: Withdrawal is effective when approved rather than when received. Unless there are 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.